

Disclosure of Owners and Other Key Persons**Part I: Owners and Other Key Persons**

List (A.) all persons and/or entities with any ownership interest, and (B.) all officers and directors or members/managers, (C.) all persons with managing or operational control with respect to the cultivator license, operations or licensed facility whether they have ownership interest or not, and (D.) all other persons with any financial interest whether they have ownership interest or not (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership or other interest in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

A. LIST ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THE APPLICANT (including corporation stockholders; LLC members; and partners if a partnership); IF ANY SUCH PERSON IS ANOTHER ENTITY, LIST ALL PERSONS WITH ANY OWNERSHIP IN OR CONTROL OF THAT ENTITY

Name OP PHARM LLC	Title	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Cranston	State RI	ZIP 02920	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with		Effective Own. % in Applicant	
Name CLOUD-9 INVESTMENTS LLC	Title Member	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Providence	State RI	ZIP 02908	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with		Effective Own. % in Applicant	
Name RICHARD Angelo FALCONE	Title Member	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Hope	State RI	ZIP 02831	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with		Effective Own. % in Applicant	
Name DAVID NOTARIANNI	Title Member-Manager	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Cranston	State RI	ZIP 02921	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with		Effective Own. % in Applicant	
Name JUSTIN Raymond ST.ANDRE	Title Member-Manager	SSN/FEIN	DOB	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City Cranston	State RI	ZIP 02920	Phone Number
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with		Effective Own. % in Applicant	

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Name BT CAULK LLC	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Pompano Beach	State FL	ZIP 33062-4939	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name PETER Albert GERMANI	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02920	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name THOMAS NOTARIANNI	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02920	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Applicant	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name GEORGE Allen PESCE	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name LORI Moschetti PESCE	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Warwick	State RI	ZIP 02889	Phone Number [REDACTED]
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	

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Name ROBERT John COSENTINO	Title Member-Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02921	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name RENEE Marie Cosentino	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Cranston	State RI	ZIP 02921	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name TIMOTHY Mark SMITH	Title Member-Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City East Providence	State RI	ZIP 02916	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) Cloud 9 Investments LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name BRUCE Thaddeus CAULK	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) [REDACTED]	City Palm Coast	State FL	ZIP 32137	Phone Number ([REDACTED])
Business Associated with (Applicant, parent business or sub-entity) BT CAULK LLC	Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

B. LIST ALL DIRECTORS, OFFICERS, AND MANAGERS OF THE APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A

Name David Notarianni	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) SAME AS ABOVE	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) SAME AS ABOVE	Title (officer, director, manager, etc.)			

Name Robert John Cosentino	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) SAME AS ABOVE	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) SAME AS ABOVE	Title (officer, director, manager, etc.)			

Name Justin Raymond St.Andre	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) SAME AS ABOVE	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) SAME AS ABOVE	Title (officer, director, manager, etc.)			

Name Timothy Mark Smith	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual) SAME AS ABOVE	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity) SAME AS ABOVE	Title (officer, director, manager, etc.)			

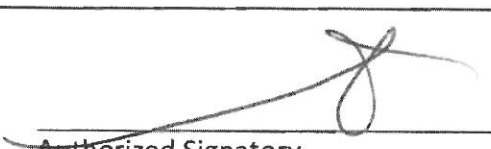
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)	City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)	Title (officer, director, manager, etc.)			

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Business Associated with (Applicant, parent business or sub-entity)				Interest	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)				Interest	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (residence if an individual)		City	State	ZIP	Phone Number ()
Business Associated with (Applicant, parent business or sub-entity)				Interest	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity.

Name	Date of Birth	SSN/FEIN	Interest


Authorized Signatory

[Click here to enter a date.](#)

Date 8/9/18

Printed Name Robert S. Gosselin
Printed Name